

Pain Assessment & Rehabilitation Center, Ltd.

7401 Metro Boulevard, Suite 185, Edina, MN 55439-3026 Telephone 953-835-9777 Facsimile 952-835-9830
E-mail: parcdranderson@aol.com

A.V. ANDERSON, M.D., D.C.

August 6, 2001

Ms. Kimberly Topper
Food and Drug Administration, CDER
Advisors and Consultants Staff HFD-21
5600 Fishers Lane
Rockville, MD 20857

Dear Ms. Topper:

It is with a great deal of interest that I have been following the news media and press releases regarding the use of OxyContin.

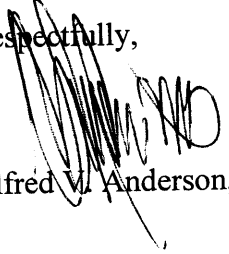
Opiate analgesics, as a whole, have been a great help in treating chronic pain, both of a nonmalignant and a malignant etiology. As with every type of therapy there is a risk and a benefit ratio. The risk is that the patient will abuse the medication. However, this risk can be greatly diminished with appropriate monitoring and frequent evaluations of the patient. I have been successful using OxyContin to treat patients that have been in disabling pain. Many of these patients have gone from being unable to function to being productive, employable citizens. I am very concerned that any type of future action to restrict the use of OxyContin, and other drugs like it, will result in devastating pain for the thousands of patients that do use these drugs appropriately. As a pain management specialist I do not want my hands tied because of a feeding frenzy by the media.

We have all heard the word "addicted" tossed around as a catchall phrase. I think we should be aware that there is a vast difference between "addiction" and "dependence". A diabetic is dependent on insulin, a depressed patient is dependent on his anti-depressant, a high blood pressure patient is dependent on his medication, but we don't call these patients "addicted". Yet without their medication these people would die. Why then do we call a patient that is dependent on pain medication "addicted"? A consideration should be made to commission a study to determine the difference between "addiction" and "dependence".

I question why more attention has not been paid to the anti-inflammatory medications, which have been implicated in the deaths of over 10,000 people per year. It appears that appropriate use of opiate medication is safer than over-the-counter anti-inflammatory medication.

I hope good judgement is applied to this issue. I would hate to see the advancements in the management of pain negated by a group of people who are prone toward making bad judgments with the use of illegally obtained and improperly use pharmaceuticals.

Respectfully,



Alfred V. Anderson, M.D.

AVA:rlc/STS